

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6696

CERTIFICATE OF DEATH

06697
166

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT CITY (If outside corporate limits, write RURAL OR a small town) TOWN RURAL SWANTON		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- SWANTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT. #2-NORTH GLADE		STREET ADDRESS (If rural give location) RT. #2-NORTH GLADE	
3. NAME OF DECEASED (Type or Print) (First) SUSIE (Middle) ELIZABETH (Last) BECKMAN		4. DATE OF DEATH JULY 4, 1955 (Month) (Day) (Year)	
S. SEX Female	6. COLOR OR White	7. SINGLE, MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 30, 1875
9. AGE last birthday 79 yrs.		10. USUAL OCCUPATION (Give kind of work done during year of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) Garrett Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME EDWARD SCOTT GILPIN	
14. MOTHER'S MAIDEN NAME CLARA ELLEN HARMAN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.) (If Yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS EARL S. BECKMAN, RT. 2, Swanton, Md.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) <i>Acute myocardial infarction</i> ANTECEDENT CAUSE(S) DUE TO (B) <i>Cerebral hemorrhage with</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>sub paroxysms</i> INTERVAL BETWEEN ONSET AND DEATH 3 days 10 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 24, 1955</i> to <i>July 4, 1955</i> , that I last saw the deceased alive on <i>July 3, 1955</i> , and that death occurred at <i>1:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Ralph Colandella</i> M.D. ADDRESS (Street, city, town, state) <i>Swanton, Md.</i> DATE SIGNED <i>July 5-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/6/55	
NAME OF CEMETERY OR CREMATORIUM ROSE HILL CEMETERY		LOCATION (City, town, or county) NORTH GLADE, Garrett, Md.	
24. REC'D BY REGISTRAR DATE 7/6/55		REGISTRAR'S SIGNATURE <i>Julia A. Rowan</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Oliver Shurtliff</i>		Blaine, W. Va.	

INSTRUCTIONS

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VS A15C 1-55 10M

6697

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH

COUNTY **Garrett**
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN **Rural, near Swanton** LENGTH OF STAY
 (In this place)
 life time
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Maryland** COUNTY **Garrett**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Rural, near Swanton**
 STREET
 ADDRESS
 (If rural give location) X

3. NAME OF
 DECEASED
 (Type or Print)

(First) **Archibald** (Middle) **Riley** (Last) **Bernard**

4. DATE (Month) (Day) (Year)
 OF DEATH **7 11 55**

5. SEX **Male**6. COLOR OR
 RACE **White**7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify) **Widowed**8. DATE OF BIRTH
 1/26/18749. AGE last birthday
 81 yrs.IF UNDER 1 YEAR
 Months **0** Days **0** Hours **0** Min. **0**10a. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired) **Farmer**10b. KIND OF BUSINESS
 OR INDUSTRY11. BIRTHPLACE (State or foreign country)
 Backbone Mt. near
 Chestnut Grove, Md.12. CITIZEN OF WHAT
 COUNTRY?
 U. S. A.

13. FATHER'S NAME

John Edward Bernard

14. MOTHER'S MAIDEN NAME

Eliza Sharpless15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Mrs. Fannie O'Brien, Swanton, Md.INTERVAL BETWEEN
 ONSET AND DEATH

442X IMMEDIATE CAUSE

(A)

Acute Appendicitis

3 days

ANTECEDENT CAUSE(S)
 DISEASES OR CONDITIONS, IF ANY,
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST.

(B)

*Cardio-Vascular Lung Disease*DUE TO
 DISEASES OR CONDITIONS, IF ANY,
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST.

(C)

with edema

1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.*Acute Colitis*

2 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
 OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 While Not while
 M. at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

alive on **July 11, 1955**, and that death occurred at **11:35 P.M.** from the causes and on the date stated above.
 ADDRESS (Street, city, town, state) **Kittrell, Md.** DATE SIGNED **July 13 1955**

SIGNATURE
Ralph Calandella

M.D.

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)
Burial

DATE THEREOF

7/14/55

NAME OF CEMETERY OR CREMATORIUM

Lohn Cemetery

LOCATION (City, town, or county)

near Swanton, Md.

(State)

24. REC'D BY REGISTRAR
 DATE

REGISTRAR'S SIGNATURE

Julia Power

25. FUNERAL DIRECTOR'S SIGNATURE

Emroy Baldwin

ADDRESS

Oakland, Md.

so off I thought I would
and just about - believe
would have
Edmund Gould

BUREAU U. S.

UL 21-1955

DEALER "per
addendum April

DEALER'S SIGNATURE
"S" and
W. H. G. CO.

INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06699

6699

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH

COUNTY **GARRETT**
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN **RURAL GORMAN MD.**
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
 20

MARYLAND
 LENGTH OF STAY
 (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MD**
 COUNTY **GARRETT**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **RURAL GORMAN MD.**
 STREET
 ADDRESS
 (If rural give location)

3. NAME OF
 DECEASED
 (Type or Print)

(First) **JAMES** (Middle) **MADISON** (Last) **CASSIDY.**

4. DATE (Month) (Day) (Year)
 OF DEATH **JULY - 27** 1955

5. SEX

6. COLOR OR
 RACE **MALE** **WHITE**

10e. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired) **FARMER.**

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify) **MARRIED.**

8. DATE OF BIRTH **AUG. - 9 - 1867.**

9. AGE last birthday **87.**

IF UNDER 1 YEAR
 Months **0** Deys **0** Hours **0** Min. **0**

13. FATHER'S NAME

JOHN CASSIDY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no, or unk.) **No.** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

ALVA R. CASSIDY. WILSON. W. VA.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X IMMEDIATE CAUSE **(A)** **PULMONARY TUBERCULOSIS**

INTERVAL BETWEEN
 ONSET AND DEATH

?

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, **(B)** **MAZ NUTRITION**

GIVING RISE TO THE ABOVE CAUSE DUE TO

STATING UNDERLYING CAUSE LAST. **(C)**

18. MEDICAL CERTIFICATION

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County) **25 Alder St - Oakland** (State) **MD**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 10, 1955** to **JULY 14, 1955**, that I last saw the deceased

alive on **JULY 14, 1955**, and that death occurred at **1:30 A.M.** from the causes and on the date stated above.

SIGNATURE

Joe Brum Gardner

M.D.

ADDRESS **25 Alder St - Oakland**DATE SIGNED **7/28/55**23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)

BURIAL
 DATE **July 28/55**

DATE THEREOF

JULY 30-1955
 REGISTRAR'S SIGNATURE **Julia A. Rowan**

NAME OF CEMETERY OR CREMATORIUM

FAIRVIEW CEMETERY

LOCATION (City, town, or county)

NEAR PARSONS W. VA.

(State)

25. FUNERAL DIRECTOR'S SIGNATURE

Emroy Bolden OAKLAND MD.

ADDRESS

WILL GARNETT

CELESTE
AMERICAN GOLD BULLION

2 15-1224 (2) KORIGAM 28/10/55
12 15-1224 (2) KORIGAM 28/10/55
2 15-1224 (2) KORIGAM 28/10/55
12 15-1224 (2) KORIGAM 28/10/55

BUREAU V

55 2265 AUG 9 1965

REGELEY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06700
6699 Item 7, film G184 7-18-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 168...

1. PLACE OF DEATH:

COUNTY Garrett County MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Rt. 2, Frostburg LENGTH OF STAY
 (in this place)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Rt. 2, Frostburg

STREET
 ADDRESS (If rural give location)

3. NAME OF
 DECEASED:
 (Type or Print)

(First) (Middle) (Last)
 GEORGE SAMUEL DURR

4. DATE (Month) (Day) (Year)
 OF DEATH: July 10, 1955

5. SEX: 6. COLOR OR
 RACE:

male white

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED.
 (Specify)

married

8. DATE OF BIRTH:

March 14, 1902

9. AGE last birthday

53 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10A. USUAL OCCUPATION (Give kind of
 work done during most of working life,
 even if retired):

Miner

10B. KIND OF BUSINESS
 OR INDUSTRY:

Fire Clay

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
 COUNTRY?

USA

13. FATHER'S NAME:

Louis Durr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unk.) (If Yes, give war or dates
 of service)

9

16. SOCIAL SECURITY NO.

212-10-9257

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE

(A)
 DUE TO

Carcinoma Stomach

INTERVAL BETWEEN
 ONSET AND DEATH

3 months

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST.

(B)
 DUE TO

metastatic Carcinoma liver

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
 INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED

While Not while
 at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1955, to July 10, 1955, that I last saw the deceased
 alive on July 10, 1955, and that death occurred at 11:00 P.M. from the causes and on the date stated above.
 SIGNATURE ADDRESS DATE SIGNED
 John B. Davis, M.D. Frostburg, Md. 7/11/55

23. BURIAL, CREMATION, REMOVAL
 (SPECIFY)

Burial

DATE THEREOF

7-13-1955

Mt. Zion Cemetery

LOCATION (City, town, or county)
 Garrett County, Md. (State)

DATE REC'D BY LOCAL
 REGISTRAR

7/12/55

REGISTRAR'S SIGNATURE

Mrs. Julian Michael

24. FUNERAL DIRECTOR

J. R. Durst, Frostburg, Md.

ADDRESS

BUREAU V. S.

JUL 15 1955

RECEIVED

INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06701

CERTIFICATE OF DEATH

Reg. Dist. No. 166

6700

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT CITY (If outside corporate limits, write RURAL OR and give nearest town) <input checked="" type="checkbox"/> TOWN OAKLAND, MD.		MARYLAND LENGTH OF STAY (in this place) 17 MOS.		STATE CUMBERLAND COUNTY ALLEGHENY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRESAPTON, MD.		STREET ADDRESS OAKLAND, MD.	
3. NAME OF DECEASED (First) ALBERT (Middle) EDWARD (Last) ELLIS				4. DATE OF DEATH JULY 31 1955			
S. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH MARCH 8, 1888	9. AGE last birthday 67 yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY BALTIMORE, MD.	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	12. CITIZEN OF WHAT COUNTRY? AMERICA		
13. FATHER'S NAME HENRY ELLIS				14. MOTHER'S MAIDEN NAME HELEN CHESNEY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. 214-07-6800		17. INFORMANT & ADDRESS LOUISE KRAFF CUMBERLAND, MD.		18. MEDICAL CERTIFICATION <i>Probable cerebro Vascular Accident</i> 2 days	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (A)		ANTECEDENT CAUSE(S) DUE TO (B)		DISEASES OR CONDITIONS, IF ANY, DUE TO (C)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Arteriosclerotic, Cardiovascular Disease - prior stroke							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Oakland, MD. (County) M.D. (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31, 1955	
21e. INJURY OCCURRED M. <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR? fall					
22. I hereby certify that I attended the deceased from alive on July 30, 1955 , to July 31, 1955 , that I last saw the deceased alive on July 30, 1955 , and that death occurred at 12:50 P.M. from the causes and on the date stated above.							
SIGNATURE Thomas J. Gasky ADDRESS (Street, city, town, state) Oakland, MD. DATE SIGNED 7/31/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF Aug 3-1955		NAME OF CEMETERY OR CREMATORIAL St George		LOCATION (City, town, or county) Montgomery, MD. (State)	
24. REC'D. BY REGISTRAR		REGISTRAR'S SIGNATURE Julia G. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Emrys Bolding		ADDRESS Oakland, MD.	
DATE 7/31/55							

1641
DEPARTMENT OF JUSTICE - BALTIMORE

CERTIFICATE OF DEATH

RECEIVED - DEPT. OF JUSTICE - BALTIMORE

CHALFAN

NAME	ADDRESS	AGE	SEX	CAUSE OF DEATH	TIME OF DEATH	DEATH CERTIFIED
WILLIAM J. CHALFAN	1010 E. 36TH ST. BALTIMORE, MD.	50	MALE	HEART DISEASE	10:00 A.M.	NO
<p>RECEIVED - DEPT. OF JUSTICE - BALTIMORE</p>						

BUREAU V. S.

AUG 9 1955

RECEIVED

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06702

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MARYLAND	STATE MARYLAND	COUNTY GARRETT
CITY (If outside corporate limits, write RURAL OR and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON	
LENGTH OF STAY (in this place)		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.		X	
3. NAME OF DECEASED (Type or Print) KATIE		4. DATE OF DEATH JULY 9. 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH MARCH 12, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME KNOX, JOHN		14. MOTHER'S MAIDEN NAME DURST, BARBARA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) 9		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS ELIZABETH KNOX, DEER PARK, MD		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Sclerotic Heart Disease		10 yrs	
(C) Auricular fibrillation			
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
22. I hereby certify that I attended the deceased from 10-8, 1945, to 7-8, 1955 , that I last saw the deceased alive on 7-8, 1955 , and that death occurred at 10 P.M. from the causes and on the date stated above. SIGNATURE <i>John H. Lester Jr. M.D.</i> ADDRESS (Street, city, town, state) 58 2nd St. Oakland, Md. DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/12/55	
NAME OF CEMETERY OR CREMATORIAL Glendale Cemetery		LOCATION (City, town, or county) (State) near Oakland, Md.	
24. REC'D BY REGISTRAR DATE 7/12/55		REGISTRAR'S SIGNATURE <i>Julia A. Rowant</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emory Boldin Oakland, Md.		X R	

RECEIVED - 77TH DISTRICT ATTORNEY'S OFFICE
STATE OF CALIFORNIA

CERTIFICATE OF DEATH

BUREAU V. S.

JUL 21 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**CERTIFICATE OF DEATH**

Reg. Dist. No. 166

06703

1. PLACE OF DEATH CITY OR TOWN GARRETT CITY (If outside corporate limits, write RURAL) OR TOWN OAKLAND		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VINDEX	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS EAST VINDEX	
3. NAME OF DECEASED (Type or Print) CORBET		4. DATE OF DEATH JULY 20, 1955	
(First) CORBET		(Month) JULY (Day) 20 (Year) 1955	
(Middle) ROOSEVELT		(Last) HARVEY	
S. SEX Male	6. COLOR OR FACE white	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) single	8. DATE OF BIRTH JUNE 25, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Miner)		10b. KIND OF BUSINESS OR INDUSTRY Coal mines	
11. BIRTHPLACE (State or foreign country) GARRETT CO., MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALBERT HARVEY		14. MOTHER'S MAIDEN NAME BETTY SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) No		16. SOCIAL SECURITY NO. 201-688-861	
17. INFORMANT & ADDRESS Hiawatha Harvey, Vindex, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X IMMEDIATE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		ANTECEDENT CAUSE(S) DUE TO (B) (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 30 hours	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) Oakland (State) Md.		21d. TIME OF INJURY (Month) July (Day) 20 (Year) 1955	
21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 18 July , 1955, to 20 July , 1955, that I last saw the deceased alive on 20 July , 1955, and that death occurred at 1603A M., from the causes and on the date stated above. SIGNATURE Andrew E. Mance M.D. ADDRESS (Street, city, town, state) Oakland Md. DATE SIGNED 20 July 55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 22/55 NAME OF CEMETERY OR CREMATORIUM Harvey Cemetery LOCATION (City, town, or county) Shaw, Garrett Co., Md. (State)	
24. R.C.D BY REG. R. DATE July 20, 1955		REGISTRAR'S SIGNATURE Julia A. Rowan 25. FUNERAL DIRECTOR'S SIGNATURE Charles Blaine ADDRESS Blaine, W. Va.	

BUREAU Y.

5561 9

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

06704

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Garrett	STATE	Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL or and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Rural, Oakland		TOWN Rural, Oakland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) Randolph		(Middle) Helms	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Married	June 14, 1889
9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
66 yrs.	Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Miner		Fairfax, W. Va.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Randolph Helms		Mary Whitehair	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		213-01-4057	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
Mrs. Randolph Helms, Rt 1, Oakland		INTERVAL BETWEEN ONSET AND DEATH	
19. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		20. AUTOPSY?	
331X IMMEDIATE CAUSE (A)		YES <input type="checkbox"/> NO <input type="checkbox"/>	
ANTECEDENT CAUSE(S) DUE TO (B)		19. Cerebral Hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)		20. Arteriosclerotic Cerebro-Vascular Disease	
21. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		30 years	
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21e. 21f. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 April, 1950, to 6 July, 1955, that I last saw the deceased alive on 17 March, 1955, and that death occurred at M, from the causes and on the date stated above.		SIGNATURE <i>Deanne</i> ADDRESS (Street, city, town, state) DATE SIGNED 7 July 55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORIAL M. D.	
Burial		Bray Cemetery	
24. REC'D BY REGISTRAR DATE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
Julia G. Roane 7/8/55		Emroy Bolden Oakland, Md.	

DEPARTMENT OF STATE

RECORDED IN EXCELSIOR INDEXES
JULY 22 1955

BUREAU A. S.

JUL 11 1955

RECEIVED

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6734

CERTIFICATE OF DEATH

06705
166

Reg. Dist. No.

Item 9. FilmG185 8-16-55 et

1. PLACE OF DEATH

COUNTY **GARRETT**
 CITY (If outside corporate limits, write RURAL
OR
and give nearest town)
 TOWN **RURAL CRELIN MD.**
 HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
 00

MARYLAND
 LENGTH OF STAY
 (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MARYLAND** COUNTY **GARRETT**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **RURAL CRELIN MD.**
 STREET
 ADDRESS
 (If rural give location)

3. NAME OF
DECEASED
(Type or Print)

(First) **SARAH** (Middle) **GREER** (Last) **HUTCHINSON.**

4. DATE (Month) (Day) (Year)
 OF
 DEATH **JULY - 27 1955**

5. SEX **FEMALE** 6. COLOR OR
RACE **WHITE.**

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) **WIDOWED.**

8. DATE OF BIRTH
NOV. - 18 - 1871

9. AGE last birthday
84.83 yrs.

IF UNDER 1 YEAR
 Months **0** Days **0** Hours **0** Min. **0**

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **HOUSEWIFE**

10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
SCOTT CO. VA.

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

FREELAND GREER.

14. MOTHER'S MAIDEN NAME

NANCY ALLEY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no, or unk.) **g** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

MRS. IRET ASHBY. CRELIN MD.

INTERVAL BETWEEN
ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE **(A) CEREBRAL VASCULAR ACCIDENT 1 DAY**
 ANTECEDENT CAUSE(S) DUE TO **ARTERIOSCLEROTIC CARDIO - UNKNOWN**
 DISEASES OR CONDITIONS, IF ANY, (B) **UNKNOWN**
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST. DUE TO **UNKNOWN**
 (C) **VASCULAR DISEASE**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 While at work Not while
 at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

July 2, 1955, to July 27, 1955, that I last saw the deceased
 alive on **July 27, 1955**, and that death occurred at **2:45 P.M.** from the causes and on the date stated above.
 SIGNATURE *William Harrington* M. D. ADDRESS (Street, city, town, state) *Terra Alta, W. Va.* DATE SIGNED *July 27, 1955*

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

BURIAL

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

REC'D BY REGISTRAR

DATE *July 29/5* JULIE B. HOWARD, M. D. ADDRESS *Baldwin OAKLAND MD.*

06706

6705

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY

Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL
OR end give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Freudsville Md all life

None

LENGTH OF STAY
(In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

COUNTY

Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

Freudsville Md.

STREET
ADDRESS

(If rural give location)

None. Gen. Del.

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

Lucille - Hazel - Newcomer

4. SEX

F

6. COLOR OR
RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

March 10-1922

9. AGE last birthday

33

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HRS.

Days

Hours

Min.

Yrs.

10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

House Keeper

10b. KIND OF BUSINESS
OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland -

12. CITIZEN OF WHAT
COUNTRY?

U.S.

13. FATHER'S NAME

Carl Friend

14. MOTHER'S MAIDEN NAME

Mary Lowdermilk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

70

70

16. SOCIAL SECURITY NO.

218-12-5532

Chas Newcomer-Freudsville Md

17. INFORMANT & ADDRESS

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE

(A)

DUE TO

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

Carcinoma of Uterine Cervix

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

None

21c. WHERE DID INJURY OCCUR? (City or town)

None

(County)

(State)

no injury

21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)

M.

21e. INJURY OCCURRED

While
at work Not while
at work

21f. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from

alive on

July 12, 1955

, and that death occurred at

11:57 A.M.

, from the causes and on the date stated above.

SIGNATURE

Milton J. F.

M.D.

Freudsville Md.

ADDRESS (Street, city, town, state)

DATE SIGNED

NAME OF CEMETERY OR CREMATORI

STELE Cemetery

LOCATION (City, town, or county)

Freudsville-Garrett Md

(State)

July 55

DATE

July 14 1955

Ruth Frantz Deputy

REGISTRAR'S SIGNATURE

W.H. Rodakowski Mackleysburg Pa

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

July 55

VS A15C 1-55 10M

West side 1955
but eliminated
by Dr. Smith

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19. *Agouti* *septentrionalis*.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10A

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

67-6

06707

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY	Garrett		STATE	Maryland	
CITY (If outside corporate limits, write RURAL or end give nearest town)		MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY	
TOWN near Oakland		LENGTH OF STAY (in this place)	Rural	Garrett	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (First) Patrick (Middle) Hamill (Last) Rodeheaver			4. DATE OF DEATH 7 9 1955		
5. SEX Male		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/2/1860	9. AGE last birthday 94 yrs.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			11. BIRTHPLACE (State or foreign country) Garrett Co.		
13. FATHER'S NAME Samuel Rodeheaver			14. MOTHER'S MAIDEN NAME Mary Ann Sisler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS 34 20th St. N. Mrs. Della McIntire Wash., DC	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Arteriosclerotic cardio			vascular disease		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			Heart failure		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility					
19a. DATE OF OPERATION none			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work		21e. INJURY OCCURRED While Not while et work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 26 Sept 1955, to 6/25/55, that I last saw the deceased alive on 26/25/55 1955, and that death occurred at 715 P.M., from the causes and on the date stated above.					
SIGNATURE			ADDRESS (Street, city, town, state)		
Thomas J. Gushy M.D.			DATE SIGNED 7/10/55		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/12/55	NAME OF CEMETERY OR CREMATORIAL Rodeheaver Cemetery	LOCATION (City, town, or county) near Oakland	
24. REC'D BY REGISTRAR DATE 7/10/55		REGISTRAR'S SIGNATURE Julia L. Brown	25. FUNERAL DIRECTOR'S SIGNATURE Emroy Bolden		ADDRESS Oakland, Md.

BUREAU V. 2

21 1955

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06708

6707

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY	Garrett		STATE	West Va.	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		MARYLAND	COUNTY	Monongalia	
TOWN	Oakland		LENGTH OF STAY (in this place)	17 Months	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
90 Weeks Nursing Home			7th and Alder Street		
3. NAME OF DECEASED (First) Jacob (Middle) Burr (Last) Shockey			4. DATE (Month) OF DEATH 7 (Day) 6 (Year) 55 19		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 16/1870	9. AGE last birthday 84	10. IF UNDER 1 YEAR Months 0 Deys 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY Public Building		
11. BIRTHPLACE (State or foreign country) W. Va.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Ira Shockey			14. MOTHER'S MAIDEN NAME Melissa Newlon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No			16. SOCIAL SECURITY NO. none		
17. INFORMANT & ADDRESS Graham Weeks Oakland Md.			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X IMMEDIATE CAUSE (A) Drehers Melitis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH Not in order		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? 2:08 P.M.		
22. I hereby certify that I attended the deceased from alive on 7/16/55, 19 7/16/55, to 7/16/55, 19 7/16/55, 19, that I last saw the deceased alive on 7/16/55, 19, and that death occurred at 2:08 P.M., from the causes and on the date stated above. SIGNATURE			ADDRESS (Street, city, town, state) Oaklade Md. DATE SIGNED 7/16/55		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			NAME OF CEMETERY OR CREMATOR Y Beverly Hills Memorial Gardens Morgantown		
24. REC'D BY REGISTRAR DATE 7/7/1955 REGISTRAR'S SIGNATURE Julia L. Rowan			LOCATION (City, town, or county) (State) Morgantown W. Va.		
DATE 7/7/1955			25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton Oakland Md.		

61. BROADWA-YAH-THAT-ATRAVIE STATE CHA-YAH.

STATE TO STADHARD

BUREAU V. S

JUL 11 1955

RECEIVED
FBI - NEW YORK

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AUSC 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06709

6728

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH

COUNTY GARRETT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
end give nearest town)
TOWN OAKLANDLENGTH OF STAY
(in this place)
9 HRS.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

CARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND

COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN DEER PARK - ROUTE # 1STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)

STEYER

BABY GIRL

(First) (Middle) (Last)

4. DATE (Month) (Day) (Year)

5. SEX F

6. COLOR OR
RACE W7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) SINGLE8. DATE OF BIRTH
JULY 20, 195510e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

OAKLAND, MARYLAND

9. AGE last birthday
7 yrs. IF UNDER 1 YEAR
Months 9 IF UNDER 24 HRS.
Days 19 Hours 37 Min.12. CITIZEN OF WHAT
COUNTRY?
U.B.A.

13. FATHER'S NAME

STEYER, LEE

14. MOTHER'S MAIDEN NAME

TICHNELL, ANNA DOROTHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

LEE STEYER R. D. Deer Park, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7768 IMMEDIATE CAUSE (A)

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)

18. MEDICAL CERTIFICATION

Premature birth,

INTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

M. While at work Not while at work 21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21e. INJURY OCCURRED

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July 1955, to 20 July 1955, that I last saw the deceased
alive on 20 July 1955, and that death occurred at 2:50 P.M. from the causes and on the date stated above.

SIGNATURE

Audrey S. Haas

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

7/21/1955

NAME OF CEMETERY OR CREMATORI

White Church Cemetery near Deer Park, Md.

LOCATION (City, town, or county)

(State)

REG'D BY REGISTRAR

DATE 7/21/55

REGISTRAR'S SIGNATURE

Julia L. Brown

25. FUNERAL DIRECTOR'S SIGNATURE

Herbert C. Leighton

ADDRESS

Oakland, Md.

2075243250

DEPARTMENT OF STATE-GENERAL
RECEIVED

RECEIVED
STATE OF OREGON

Aug 7

BUREAU U. S.

AUG 9 1955

RECEIVED